

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
MAY 03 2017  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 17-00941  
Date: 6-28-17  
Amount Paid:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:			City/State/Zip:		Telephone:		
Jon Nelson Bayview Storage LLC.		P.O. Box 1174			Bayfield, WI 54814		715-779-3645		
Address of Property:		City/State/Zip:			Contractor Phone:		Cell Phone:		
79555 ST HWY 13		WASHBURN WI 54891			Plumber:		715-292-7578		
Contractor:		Agent Phone:			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
Northland Buildings							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s))									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Page(s)	
E 1/2 4th NE 1/4		Gov't Lot 2		CSM 6549320		Vol & Page		654 320	
Section 16, Township 49 N, Range 04 W		Town of: Bayview		Lot Size		Acres		4.850	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$ 80K	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water					
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> None							

Existing Structure: (if permit being applied for is relevant to it)	Length: 102	Width: 40	Height: 14
Proposed Construction:	Length: 102	Width: 40	Height: 14

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>		Principal Structure (first structure on property)	( X )	
<input type="checkbox"/>		Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/>		with Loft	( X )	
<input type="checkbox"/>		with a Porch	( X )	
<input type="checkbox"/>		with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/>		with (2 <sup>nd</sup> ) Deck	( X )	
<input checked="" type="checkbox"/>		with Attached Garage	( X )	
<input type="checkbox"/>		Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( X )	
<input type="checkbox"/>		Mobile Home (manufactured date)	( X )	
<input type="checkbox"/>		Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/>		Accessory Building (specify) _____	( X )	
<input type="checkbox"/>		Accessory Building Addition/Alteration (specify) _____	( X )	
<input checked="" type="checkbox"/>		Special Use: (explain) _____	( X )	
<input type="checkbox"/>		Conditional Use: (explain) _____	( 40 x 102 )	4080 x 2
<input type="checkbox"/>		Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date 4-18-17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit P.O. Box 1174 Bayfield, WI 54814  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% N

\* Please See Aerial Photo  
ATTACHED

W Site for proposed #1 has been cleared and proposed.  
Site for future expansion #2 is cleared field.

E

Please complete (1) - (7) above (prior to continuing)

-5-

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	450 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	430 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	85 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	34 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	450 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>	# of bedrooms: <u>none</u>	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>17-0841</u>		Permit Date: <u>6-28-17</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously/Granted by Variance (B.O.A.)		Case #:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Inspected by: <u>SCM/PTG</u>		Zoning District (R.A.S.)		Date of Re-Inspection:	
Date of Inspection:							
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)							
For approval of construction planning & zoning committee applicant shall obtain a label use permit for each building prior to commencement of construction. (see label)							
Signature of Inspector:		Date of Approval: <u>6-28-17</u>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				



# Bayfield County Web AppBuilder

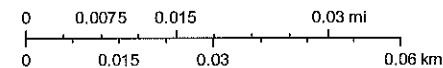


April 4, 2017

S

- |  |                  |                             |                    |
|--|------------------|-----------------------------|--------------------|
| Building                                     | Recorded Map     | State                       | Tie Line           |
| <b>Corner Tie Sheets</b>                     | <b>Road Type</b> | Town                        | Rivers             |
| Section Corner Monument on File              | CFR              | Municipal Boundary          | Wetlands           |
| Section Corner Monument Referenced on Survey | County           | Section Lines               | Douglas Co Parcels |
| <b>Survey Maps</b>                           | Federal          | Approximate Parcel Boundary | Ashland Co Parcel  |
| UnRecorded Map                               | Private          | Meander Line                |                    |

1:783



Bayfield County  
Bayfield

City, Village, State or Federal  
Permits May Also Be Required  
LAND USE – Required  
SANITARY – Required (if applicable w/land use)  
SIGN –  
SPECIAL – X (6/15/2017)  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0241** Issued To: **Jon Nelson**

**N 320' of E ½ of**

Location: **NE ¼ of SW ¼** Section **16** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Commercial Use [ two additional storage units ]:**

The Planning and Zoning Department does not authorize the beginning of any construction or land use; you must first obtain land use application(s)/permit(s) from the Planning and Zoning Department. You (the property owner) shall fulfill the conditions placed by the Planning and Zoning Committee and/or Dept; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

**Condition(s):** Per approval and/or conditions of Planning and Zoning Committee. Applicant shall obtain a land use permit for each building prior to commencement of construction.

**NOTE:** Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**June 28, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
MAY 17 2017  
ENTERED

Permit #:	17-0044
Date:	6-28-17
Amount Paid:	\$575 5-18-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Janice L. Warren		Mailing Address:	33702 Freshwater Washburn, WI 54891		City/State/Zip:	Telephone: 715-373-5304	
Address of Property:	XX Main rd.		City/State/Zip:	Washburn, WI 54891		Cell Phone:		
Contractor:	Self		Contractor Phone:	Plumber: Blakeman Plumbing		Plumber Phone:	715-682-0050	
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:	Agent Mailing Address (include City/State/Zip):		Written Authorization Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2011		R-539856	
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size
		1	1825	10 373			AABIselow	Acres
Section 29	Township 49 N, Range 41 W		Bayview					

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes—continue →	Distance Structure is from Shoreline: 100 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes—continue →	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$69000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
		<input checked="" type="checkbox"/> Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 36	Width: 36	Height: 16
Proposed Construction:	Length: 36	Width: 36	Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(36 X 36)	1296
<input checked="" type="checkbox"/> Rec'd for Issuance	Residence (i.e. cabin, hunting shack, etc.)	(36 X 36)	
	with Loft	(36 X 36)	
	with a Porch	(36 X 36)	
	with (2 <sup>nd</sup> ) Deck	(36 X 36)	
	with (2 <sup>nd</sup> ) Deck	(36 X 36)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(36 X 36)	
<input type="checkbox"/> Secretarial Staff	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	(36 X 36)	
	Mobile Home (manufactured date)	(36 X 36)	
	Addition/Alteration (specify)	(36 X 36)	
	Accessory Building (specify)	(36 X 36)	
	Accessory Building Addition/Alteration (specify)	(36 X 36)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(36 X 36)	
	Conditional Use: (explain)	(36 X 36)	
	Other: (explain)	(36 X 36)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Janice L. Warren Date 5-17-17  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

measured per recorded plat  
changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	438 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	438 Feet	Setback from the River, Stream, Creek	1036 Feet
Setback from the North Lot Line	276 4/55 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	980 1024 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1057 1698 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	324 200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	67 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

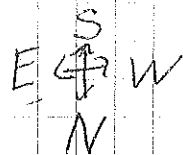
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

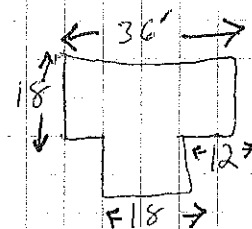
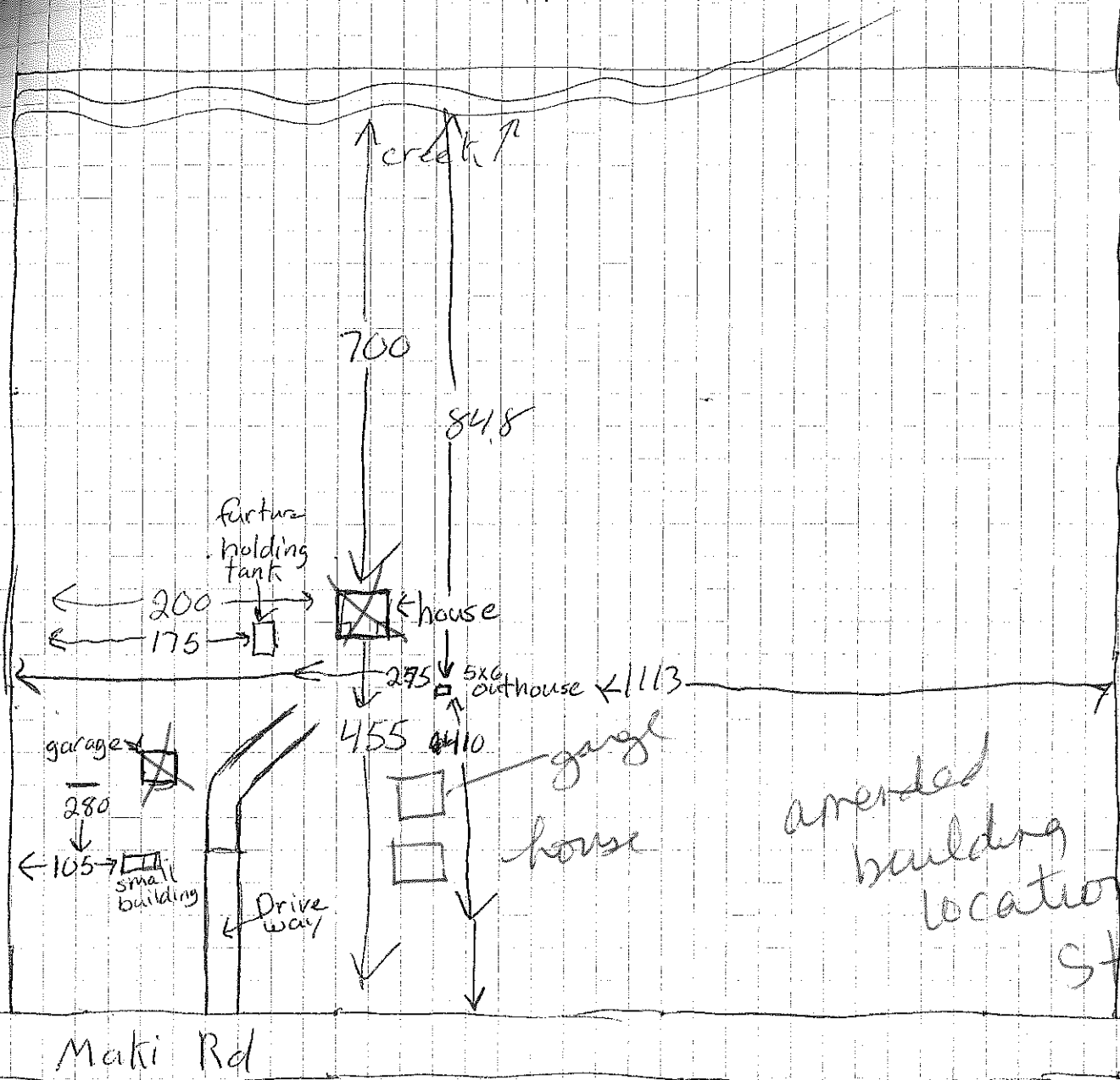
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0544		Permit Date: 6-28-17			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: moved location of building to avoid wetland		Zoning District		18-1	
clean spanning the drainage to a broad wetland previously		Lakes Classification		N/A	
Date of Inspection: 5-22-17 6-6-17		Inspected by: J.C. Murphy		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Confirmed Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)					
We permit inspections necessary. No wetland shall be filled or altered unless permit from WNR is obtained.					
Signature of Inspector:		Date of Approval: 6-27-17			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	



Privy plot Plan



amended building location - privy staging where originally proposed.

city, village, State or Federal  
units May Also Be Required

LAND USE – X  
SANITARY – Vaulted Privy  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0244** Issued To: **Jamie Warren-**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **29** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot                      Lot **1**                      Block                      Subdivision **A A Bigelow & Co**                      CSM#

For: **Residential Use: [ 1- Story; Residence (36' x 36') = 1,296 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** UDC permit and inspections necessary. No wetland shall be filled or altered unless permit from WDNR is obtained. Tank shall be maintained per recorded agreement. No plumbing in the house unless State approved POWTS installed and connected.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**June 28, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Received  
MAY 17 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0045
Date:	6-08-17
ENTERED Amount Paid:	\$755-18-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Jamie McLaren		3300 Frostman Rd		Washburn WI 54891		715-373-5304		
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber Phone:		
XX matli rd		Washburn WI 54891						
Contractor: self		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Tax ID# (4-5 digits) 36239		Recorded Deed (i.e. # assigned by Register of Deeds) Document # 2011 R 539856				
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Subdivision:				
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
			1	1895	10 373			AA Bisklow
Section 29, Township 49 N, Range 4 W		Town of:		Bayview		Lot Size		Acres
								40
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 6000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vented (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Slab		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 12
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )	
	Mobile Home (manufactured date) _____	( X )	
	Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) garage	( 24 X 24 )	576
	Accessory Building Addition/Alteration (specify) _____	( X )	
	Special Use: (explain) _____	( X )	
	Conditional Use: (explain) _____	( X )	
	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jamie McLaren Date 5-17-17

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(2) Show / Indicate:  
(\*) Existing Structures on your Property  
(3) Show Location of (\*):  
(4) Show:  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show:  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%  
(7) Show any (\*):

see attachment

Changes in plans must be approved by the Planning & Zoning Dept.

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	313 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	280 346 Feet	Setback from the River, Stream, Creek	845 Feet
Setback from the North Lot Line	280 34 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	451 916 Feet	Setback from Wetland	312 Feet
Setback from the West Lot Line	302 45 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	105 425 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	440 90 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0045	Permit Date: 6-28-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	owner present for 2 inspections. shown changed location of garage to avoid wetlands.					Zoning District (At.1)
Date of Inspection:	5-22-17/6-6-17	Inspected by:	J. C. MURPHY	Date of Re-Inspection:		
Condition(s):	Town, Committee or Board conditions attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					Lakes Classification (N/A)
Signature of Inspector:	wetland disturbance is not allowed unless permit from state issued. Building shed not be used for human habitation.					Date of Approval: 6-27-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



City, Village, State or Federal  
Permit May Also Be Required

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0245** Issued To: **Jamie Warren-**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **29** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot **1** Block Subdivision **A A Bigelow & Co** CSM#

For: **Residential Accessory Structure: [ 1- Story; Garage (24' x 24') = 576 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Wetland disturbance is not allowed unless permit from WDNR issued. Building shall not be used for human habitation.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**June 28, 2017**

Date